Adminis	stration	IFORMA		1141	× *			4	210	1 50	b Page	of Pages	r		27510	
STD 26	2 A (RE)	/ 9/2007)	141													
CLAIMANT'S NAME Frank McCarton							SSAN OR EMPLOYEE NUMBER					DEPARTMENT CalEMA				
POSITION CB/ID NUMBER							DIVISION OR BUREAU					INDEX NUMBER				
Undersecretary E99 RESIDENCE ADDRESS							Executive Office HEADQUARTERS ADDRESS					2000 Executive Office TELEPHONE NUMBER				
RESIDENCE ADDRESS							3650 Schriever Avenue					(916) 845-8530				
CITY STATE ZIP CODE						14:000000000000000000000000000000000000	CITY STATE					ZIP CODE 95655				
(1) NORMAL WORK HOURS:							(2) PRIVATE VEHICLE LICENSE No.:					(3) MILAGE RATE CLAIMED				
0800 - 17					,			_	_		0.55					
4) / MONTH	YEAR	(6)		(7)	(8)	MEALS		(9)	(10) TR	AN SPOR	TA TION			11)	(12)	
	2009	LOCAT		LODGING	BREAK-		O.T.,L/T. N/C. RELO.				(C) CARFARE,		CAR USE	BUSINESS EXPENSE	EXPENSES	
(5) DATE	/ TIME	WHERE EXPE			FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY	
.12/5/09	0600	5.5			6.00	10.00	18.00		10 10 10 10 10 10 10 10 10 10 10 10 10 1	.50 SC				15:0	0 83.50	
12/6		Cambr	idge, MA	147.64	6.00	10.00	/	6.00	-	.00 T		1		-	184.64	
12/7								6.00	(8	6.00	
12/8								6.00)					9	6.00	
12/9							18.00	6.00	/				2	730 60 V	24.00	
12/10								6.00	/				17	OS DEC	6.00	
12/11	2200	/	& Return			10.00	18.00	6.00	45.	00T, A			2	95.0	89.00	
									10.0	Sc		-	9	REG	07.0	
													S	3		
													3	GAVED	1	
		*											1	5		
									119.5	3					399,14	
(13)		SUBTOTAL	Al	147.64	12.00	30.00	54.00	36.00	-94.	50				30.06	404:14	
(14) PURPO		CLAIM TOT		ATTACH RE	CEIPTS/VOU	CHERS WH	EN REQUIRE	Dj		_			***************************************		39914	
		ional Preparedr							-		nce was issued	for this trip.		- 23	BAC	
part of the same o	2/5 & 12/11 bu	usiness expens	PCA	projec PROJEC	T WORK	OBJ /	AO AMOUN		AO A	ght. AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL	
01	OFFICE USE ONLY PAID BY REV. FUND CHECK No. 99650			_	PHASE	312	279.64	322	19	94.50	314	30.00	-	-	404.14	
PAIDB	T REV. FUND	CHECK NO.														
			-				-	_			-		-	-	-	
					-						-					
			TOTALS	TOTALS		279.64				1	30.00	-	 	404.14		
and if milage	rates exceed t	That the above	e, I certify th	tement of the	travel expens	vehicle was	ed by me in ac	cordance v	vith DPA ru	94.50 lies in the se aimed, and t	rvice of the Sta	te of Californi	a. If a privately ents as prescrit	owned vehic bed by SAM S	cle was used.	
0751, 0752, 0	753 and 0754	pertaining to 1	benin cofoti	and and had	מחבייוי ל	′ –	(16) SIGN/				3VEL AND			DATE		
VI		- (<u>-</u> 22		_		Appendix		J.	_					121	17/09	
/	4(1)	E	AND TITLE	(See Itme 1/	On revoice .			-					1	DATE	/	
Rev	riewed by N	Meena Kuma	ar on 12/	15/2009			1						3			
													74			

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